



**METROPOLITAN DEVELOPMENT COMMISSION
OF MARION COUNTY, INDIANA**

File No:

DMD use only

**APPLICATION FOR CERTIFICATE
OF LEGALLY ESTABLISHED NON-CONFORMING USE**

Items required to be submitted with this application are listed in the accompanying "Submission Requirements" sheet.

Address of Subject Property:

Applicant's Name:	_____	Phone:	_____
Address of Applicant:	_____	FAX:	_____
	_____	Zip Code:	_____
Email:	_____		
Owner's Name:	_____	Phone:	_____
Address of Owner:	_____	FAX:	_____
	_____	Zip Code:	_____
Email:	_____		

This application seeks a certificate of legally established non-conforming (check one):

- Use
- Development Standards
- Use and Development Standards

Legal Description (check one):

Complete Metes & Bounds legal description attached.

Platted site within a recorded subdivision, copy of plat map attached.

Subdivision Name: _____

Lot Number(s): _____ Section Number(s): _____

Recorded in Plat Book number: _____ page(s): _____

or recorded as Instrument Number: _____ in the Marion County Recorder's Office.

Does the petitioner **own** one hundred percent (100%) of the area involved in the petition (yes or no)? _____

Tax Parcel Numbers: _____

Acreage: _____ Township(s): _____

Is this property the subject of any **code enforcement** action (yes or no)? _____

What is the **existing use** of the property? _____

Which **specific ordinance section(s)** does the use of the property **not** conform? Attached additional pages or documentation if necessary.

Name the specific use of the property and/or the development standards on the property sought to be legally established. (Examples of use include "dry cleaning business" or "four-unit apartment building." Examples of development standards include "front yard setback" or "building height.")

State the specific **reasons** the certification should be granted. Attached additional pages or documentation if necessary.

Oath: The above information, to my knowledge, is true and correct.

Signature(s) of Applicant(s)

STATE OF INDIANA,
 COUNTY OF MARION, SS:
 Subscribed and sworn to before me this
 _____ day of _____, 20 _____

Signature(s) of Owner(s) (if different than applicant)

STATE OF INDIANA,
 COUNTY OF MARION, SS:
 Subscribed and sworn to before me this
 _____ day of _____, 20 _____

Notary Public

Printed Name of Notary Public
 My Commission expires: _____
 My County of residence: _____

Notary Public

Printed Name of Notary Public
 My Commission expires: _____
 My County of residence: _____